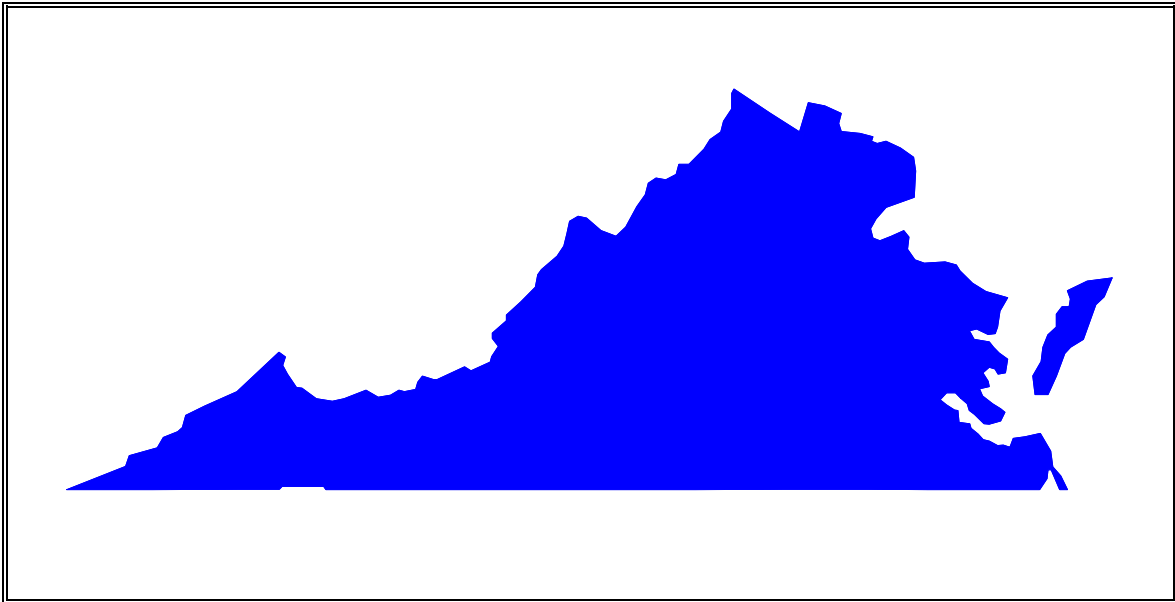# Virginia Department of Medical Assistance Services

Companion Guide
For 820 Health Care Premium Payment
Version 1.2   Updated 06/06/2007

ASC X12N 820
VERSION 004010 X061A1

First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The following information is intended to serve only as a companion document to the HIPAA ANSI X12N implementation guides. The information describes specific requirements to be used for processing data. This companion document supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 -	Original Implementation	12/02/2002
Version 1.1 -	Added some Special Notes	12/01/2006
	Added Version Change summary	
	Modified Comments (Page reference 49) REF Segment – REF02 data element	
Version 1.2 -	Modified Special Notes	06/06/2007

Issued: December 2002

PURPOSE

The EDI 820 transaction provides HMO capitation payment information.
An 820 transaction file is created on the last day of the month. It corresponds to the final enrollment as reflected on the related 834 transaction file. An 820 transaction is created for each HMO and payment for each enrollee that is enrolled in the HMO for the following month. Payment is also included for any recognized retroactive adds as well as any adjustments. The Claims Processing Subsystem builds and prices a claim for each enrollee for whom an HMO is due a capitation payment.

The DMAS Managed Care Unit will enter adjustments or voids as needed to properly affect capitation payments that were made in error. The Financials Subsystem recognizes a claim or an adjustment for a capitation payment, and rather than include it on an EDI 835, it includes it on the monthly EDI 820 transmission. Capitation payments can be made for both Medicaid and FAMIS enrollees. Separate EDI transmissions must be sent for Medicaid and FAMIS.

SPECIAL NOTES

Financial Adjustment Transactions – Various financial transactions may be generated for adjustments made to a provider's account. These adjustments may be for additional payments, advanced payments, voided checks, liens, recoupment of funds, or other reductions in the total payment amount. These provider level adjustments are reflected in an ADX segment and a corresponding RMR segment in the summary reimbursement section of the 820. The reason for the financial adjustment is coded in the ADX02 element and further detailed in the associated RMR02 element.

Financial Adjustment Reason Codes - A composite reference identifier in the summary level RMR02 provides more detailed description of the reason for a provider level Financial Adjustment Transaction. A component of this identifier is referred to as the DMAS Financial Adjustment Reason Codes. These reason codes and their descriptions are available on the DMAS Web Page.

An HMO may request and obtain an NPI. If an NPI is assigned it will be used. HMOs that do not obtain an NPI will be given a new 10-digit DMAS assigned Atypical Provider ID (API). As of April 2007 the 820 is generated using the HMO's API or NPI. The 10 digit API/ NPI has replaced the 9 digit Legacy Medicaid ID.

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Data Element Descriptions

Page	Loop	Segment	Data Element	Comments
125		ISA	ISA01 - Authorization Information Qualifier	00 - No authorization information present
126		ISA	ISA03 - Security Information Qualifier	00 - No security information present
126		ISA	ISA05 - Interchange ID Qualifier	ZZ - mutually defined
126		ISA	ISA06 - Interchange Sender ID	VMAP FHSC FA
126		ISA	ISA07 - Interchange ID Qualifier	ZZ – Mutually defined
127		ISA	ISA08 - Interchange Receiver ID	Service Center
127		ISA	ISA12 - Interchange Control Version Number	00401 - Version Number
128		ISA	ISA14 - Acknowledgment Requested	0 = No acknowledgment requested
128		ISA	ISA15 - Usage Indicator	P = Production or T = Test
128		ISA	ISA16 - Component Element Separator	'>'
130		GS	GS02 - Application Sender's Code	Use 'VMAP FHSC FA'
130		GS	GS03 - Application Receiver's Code	4 digit Service Center ID assigned by Virginia Medicaid
131		GS	GS08 - Version/Release/Industry Identifier Code	004010X061A1
36		BPR	BPR01 - Transaction Handling Code	I - Remittance info only
37		BPR	BPR04 - Payment Method Code	CHK – Check
40		BPR	BPR10 - Originating Company Identifier	1 plus DMAS Federal Tax ID 546166277
43		TRN	TRN02 - Reference Identification	Check number or EFT trace number
43		TRN	TRN03 - Originating Company Identifier	1 plus DMAS Federal Tax ID 546166277
43		TRN	TRN04 - Reference Identification	RA advice number
49		REF	REF02 - Reference Identification	Medicaid Service Center
49		REF	REF02 - Reference Identification - Plan Number	HMO Provider NPI or DMAS assigned API
50		DTM	DTM02 - Process Date	Weekly end date
63	1000B	N1	N102 - Payer Name	DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
63	1000B	N1	N104 - Identification Code	DMAS Federal Tax ID 546166277
67	1000B	N3	N301 - Address Information	P.O. Box 26228
67	1000B	N4	N401 - City Name	Glen Allen
67	1000B	N4	N402 - State or Province Code	VA
68	1000B	N4	N403 - Postal Code	232606228

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Page	Loop	Segment	Data Element	Comments
70	1000B	PER	PER02 - Contact Name	DMAS Managed Care
70	1000B	PER	PER04 - Communication Number	MGCARE@DMAS.STATE.VA.US
75	2300A	RMR	RMR02 - Reference ID	Financial control number (positions 1 – 9) and DMAS Financial Adjustment Reason Code (positions 10 – 13)
75	2300A	RMR	RMR04 - Financial Adjustment Amount	Only financial adjustments are reflected at the summary level of the transaction. Premium payments are reflected at the detail level.
85	2320A	ADX	ADX02 - Adjust Reason Code	Reason Code 52 – Credit for Previous Overpayment 53 – Remittance for Previous Underpayment
88	2100B	NM1	NM101 - Entity Identifier Code	QE – Policyholder
90	2100B	NM1	NM109 - DMAS Internal Control Number	ICN CCYYDDD ICN Media code ICN Batch seq ICN Line no
92	2300B	RMR	RMR02 - Reference ID - policy number	Benefit package code (positions 1 – 2)
92	2300B	RMR	RMR04 – Premium Payment Amount	Premium payments are only reflected at the detail level.
97	2320B	ADX	ADX02 - Adjust Reason Code	Reason Code 52 - Credit for Previous Overpayment 53 - Remittance for Previous Underpayment

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